**1****6-19 Bursary Application**

**Form**

This form is for 16-19-year-old students who would like to apply for financial assistance because they believe they are facing significant barriers to participation, due to disability or financial hardship.

On receipt of this form the Sixth Form team will arrange a meeting to discuss the application.

**CONFIDENTIAL**

**Section 1 – Personal Details**

|  |  |
| --- | --- |
| First name:    | Surname:  |
| Date of Birth:    | Age on 31 August 2021   |
| Address:      |  |
| Email Address:    |  |
| Home Telephone:    | Mobile:  |

**Section 2 – Bursary Information and Level of Award**

# Priority Bursary

1. Please indicate which of the following apply to you (the student - not parent or carer):

|  |  |  |  |
| --- | --- | --- | --- |
| Young Person in Care  | YES / NO  | Receiving Universal Credit  | YES / NO  |
| Care Leaver  | YES / NO  | Receiving Income Support  | YES / NO  |
| Disabled and receiving Employment Support Allowance as well as Disability Living Allowance or Personal Independence Payments⁮  | YES / NO  |

1. Please state what supporting evidence you are providing to support your application e.g. copy letter awarding benefit. **Please also justify the need for financial support.**

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#  Discretionary Bursary

1. Please indicate which of the following apply to you (the student - not parent or carer):

|  |  |  |  |
| --- | --- | --- | --- |
| * Students who have a household income of less than £18,000
 | YES / NO  | * Students who are registered for Free School Meals
 | YES / NO  |
| * Students who are economically disadvantaged (such as those from families on a low income through receipt of benefits)
 | YES / NO  | * Students whose parents/carers are in receipt of Universal Credit
 | YES / NO  |
| * Needing support with travel to college
 | YES / NO |

1. Please state what supporting evidence you are providing to support your application e.g. copy of letter awarding benefit to the household, Evidence of care provision in place, P60. **Please also justify the need for financial support, outlining your personal circumstances such as number of dependants.**

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1. Please indicate which of the specific education purposes you require assistance with:

|  |  |  |  |
| --- | --- | --- | --- |
| Transport to school  | YES / NO  | Educational trip  | YES / NO  |
| University visit  | YES / NO  | Books or equipment  | YES / NO  |
| Meals in school  | YES / NO  | Other (please specify)  | YES / NO  |

1. Please give details of your request, e.g. title of books you need to have purchased on your behalf, the cost of your daily return travel by bus or train.

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Please give details of the financial barrier you face paying for the above, including if your main carer is in receipt of any means-tested benefits such as Universal Credit or equivalent, Income Support, Jobseeker’s Allowance, Disability Living Allowance, Council Tax Allowance, Housing Benefit or Carer’s Allowance.

**OR**

You have previously been out of education, employment or training for 26 weeks or more, have a long term medical condition which impacts on learning, are economically disadvantaged (such as low household income through receipt of benefits or do not receive any financial support from their parents), or are supervised by a Youth Offender Team?

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## Section 3 – Course Details

Please state which subjects are you studying:

|  |  |
| --- | --- |
| Subject:   | Subject Teacher:    |
| Subject:    | Subject Teacher:  |
| Subject:    | Subject Teacher:  |

## Section 4 – Financial Statement

1. Please indicate your living arrangements

|  |  |  |  |
| --- | --- | --- | --- |
| I live with my parent(s)/carer(s)  | YES / NO  | I live independently  | YES / NO  |
|  2. Please indicate the financial position of your household  |  |
| The household income is less than £18,000 per annum  | YES / NO  | My parents/carers are able to support me financially\*  | YES / NO\*  |

\*if no, please give details

**Section 5 – Financial Evidence**

Every application must be supported by financial evidence. Therefore, please supply the following information.

a) Copies of ONE of the following evidence of benefit

|  |  |
| --- | --- |
|  | **Please tick**  |
|  A letter from the Department for Work and Pensions (DWP) setting out the benefit to which the young person is entitled;   |   |
|  Written confirmation from the Local Authority of the young person’s current or previous looked after status, or provides you with other leaving care services;   |   |
|  Confirmation from the Local Authority of Free School Meals registration;   |   |
|  Evidence of the relevant Credit/Allowance/Grant (If supplying Universal Credit as evidence please supply 3 months’ worth of evidence);   |   |
|  Written confirmation of Young Adult Carer status  |   |
|  Bank statements covering 3 to 6 months to show average income |   |
|  P60 or 3 months wage slips. |  |
| Please provide any information that you feel will support your application. |

**BACS DETAILS:**

BACS is an electronic transfer of funds to your bank account. In order to pay the bursary we require the bank details below. Payments can only be made into a bank account of the person applying for the bursary.

|  |  |
| --- | --- |
| **BANK**  |  |
| **ACCOUNT HOLDER NAME**  |  |
| **ACCOUNT NUMBER**  |  |
| **SORT CODE**  |  |
| **Please tick here if you do not have a Bank account**  |  |

## Section 6 – Declaration

This section is to be read and signed by the student:

* I certify the information I have given in this application is true and accurate;
* I withdraw from my course, I understand that I may be required to repay some or all of any award made;
* I understand that if my attendance level or progress drops below a satisfactory standard (90%), my award may be stopped;
* I give my consent for relevant information regarding my application to be passed to the School Finance Office;
* To comply with the Data Protection Act, all information relating to this application is confidential, but I agree to relevant staff having access to the information on this form if required.

|  |  |
| --- | --- |
| Signature of Applicant:   | Date:  |
| Name of Parent/Carer (for under 18s only):   |  |
| Signature of Parent/Carer (for under 18s only):   | Date:  |

**For office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date form received  |   | Award agreed  | YES…../…..NO  |
| Date of meeting  |   | Amount of award  |   |
| Additional information requested:  | Date letter confirming outcome sent  |   |
|  |